

State of Georgia
Driver Services Division
DS 36 (04/02)

APPLICANT'S NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DATE OF BIRTH _____ SEX _____
PREVIOUS LICENSE # _____ CLASS _____

APPLICATION FOR ISSUANCE OF NON-COMMERICAL LICENSE

1. I hereby affirm that the above named applicant operated a motor vehicle of the class circled below:

CLASS B

(Any single vehicle with a GVWR of
of 26,001 or more pounds, or any such
vehicle towing a vehicle not in excess
of 10,000 pounds GVWR.)

CLASS A

(Any combination of vehicles with a GCWR
or 26,001 or more pounds provided the GVWR
of the vehicle(s) being towed is in excess
of 10,000 pounds.)

For the period of time from _____ to _____
and/or operated a motor vehicle of the class indicated for approximately _____
miles during a twelve (12) month period preceding this affidavit.

PUBLIC AGENCY EMPLOYER

2. Instructions for certification: Please complete sections 1, 2 and 4.

Name of public agency _____
Address of public agency _____
Signature of Authorized Representative _____

SELF-CERTIFICATION

3. Instructions for self-certification: Please complete sections 1, 3 and 4.

Applicants who are self-employed or intent to operate a Class A or B vehicle for non-business
purposes must check this book:

4. I hereby affirm that the statements included in this affidavit are accurate to the best of my
knowledge.

Applicant's Signature _____

WITNESS: _____

DATE _____

(Notary Public – SEAL REQUIRED)